

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762680

1. Entity Name

HOLINESS HOUSE OF WORSHIP, INC.

Principal Place of Business

2320 NW 2ND ST.
POMPANO BCH FL 33069
US

Mailing Address

740 NW 17TH CT
POMPANO BCH FL 33060
US

2. Principal Place of Business

Holiness House of Worship

Suite, Apt. #, etc.

2320 NW 2nd St

City & State
Pompano Beach

Zip
33060

Country
Broward

3. Mailing Address

Willie B Johnson

Suite, Apt. #, etc.

740 NW 17th Ct

City & State
Pompano B FL

Zip
33060

Country
Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2206043

Applied For

Not Applicable

5. Certificate of Status Desired

2 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WILLIE B
740 N.W. 17TH COURT
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT	
STREET ADDRESS	740 NW 17TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOLMES, KENNETH	
STREET ADDRESS	2920 NW 6TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIE B	
STREET ADDRESS	740 NW 17TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, FRANK	
STREET ADDRESS	1741 NW 16TH AVE., #4	
CITY-ST-ZIP	POMPANO BCH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the Corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93629 002 *****8.75

05-29-2002 93629 001 *****61.25

CR2037 (9/01)

4-4-02 7549430704